

**COMMONWEALTH OF VIRGINIA
EMPLOYMENT STATUS CHANGE FORM**

To: FBMC Commonwealth of Virginia Processor Date: _____

From: _____ Agency #: _____

Phone Number: _____ Agency Name: _____

FBMC Consolidated Billing-125 Department

Please fax form to 850-514-5803.

These changes apply to (check applicable box):

- ☐ Pre-tax TSA Contributions and Employer Cash Match
☐ Post Tax products or
☐ Both

If an employee has separation from state service (terminated, resigned, retired), please complete the following information.

Name: _____

SS# : _____

Benefit End Date*: _____

If an employee is on "Leave Without Pay" please complete the following information.

Name: _____

SS# : _____

Effective Date* of Leave: _____

Expected Return Date*: _____

If an employee transfers to another agency, please complete the following information.

Name: _____

SS# : _____

Old Agency # & Name: _____

New Agency # & Name: _____

Effective Date* of transfer: _____

*All dates should reflect the Pay Day upon which the status change is effective.